

# APPEAL TO THE CITY OF LINCOLN ALARM REVIEW BOARD FORM

Revised: 5/17/16

The first 3 False Alarms are free so there is no need to file an appeal.

Once you have a 4<sup>th</sup> False Alarm, a fine of \$100 is imposed. If you dispute that it was a false alarm, then you may appeal.

There is \$25.00 appeal fee which must be included with this form or it will be returned as incomplete. Checks should be made payable to City of Lincoln.

Please submit this form, with the \$25 Appeal Fee, to the City Clerk's Office, 555 South 10<sup>th</sup> Street, Lincoln, NE 68508.

Once City Clerk receives your appeal, we will schedule a hearing before the Alarm Review Board. You will be notified by mail of the hearing date, time and where to appear.

You may waive your right to a hearing before the board. The appeal would be processed via email.

**Failure to appear at the hearing will result in an automatic denial of your appeal.**

Please mark one:  I hereby waive my rights to a hearing before the board.  Please schedule a hearing.

APPELLANT INFORMATION	
NAME:	
STREET ADDRESS:	
CITY, STATE, & ZIP:	
EMAIL:	
DAYTIME PHONE #:	
LOCATION OF ALARM:	
ACCOUNT #:	

MAILING ADDRESS, IF DIFFERENT FROM ABOVE	
NAME:	
STREET ADDRESS:	
CITY, STATE, & ZIP:	

COMMENTS

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant